

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Council of Life Insurers Political Action Committee

ADDRESS (number and street)

101 Constitution Ave., NW

Suite 700

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00147066

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

☐☐☐in the  
State of☐(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the  
State of☐

5. Covering Period

04

01

2006

through

04

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Donald L. Walker

Signature of Treasurer

Electronically Filed by Mr. Donald L. Walker

Date

05

18

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		57647.24
(b) Cash on Hand at Beginning of Reporting Period .....	31431.57	
(c) Total Receipts (from Line 19) .....	60542.37	115630.39
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	91973.94	173277.63
7. Total Disbursements (from Line 31) .....	10000.00	91303.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	81973.94	81973.94
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	10786.94	22847.95
(i) Itemized (use Schedule A) .....	7255.43	17782.44
(ii) Unitemized .....	18042.37	40630.39
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	42500.00	75000.00
(c) Other Political Committees (such as PACs) .....	60542.37	115630.39
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	60542.37	115630.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	60542.37	115630.39

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		10000.00	90308.69
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		0.00	995.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		10000.00	91303.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		10000.00	91303.69

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	60542.37	115630.39
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	60542.37	115630.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Robert W. Clark

Mailing Address P. O. Box 12847

City

Roanoke

State

VA

Zip Code

24029-2847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shenandoah Life Insurance  
Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 6

Transaction ID: 13834290

Amount of Each Receipt this Period

900.00

Full Name (Last, First, Middle Initial)

B. Mr. Bruce W. Boyea

Mailing Address 100 Court Street

City

Binghamton

State

NY

Zip Code

13901-3479

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Security Mutual Life Insu-  
rance Company

Occupation

Chr of the Bd, President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 6

Transaction ID: 13846617

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr Thomas M Marra

Mailing Address 7 Cobtail Way

City

Simsbury

State

CT

Zip Code

06070-2530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hartford Life, Inc.

Occupation

President & Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 0 6

Transaction ID: 13846639

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Thomas E. Henning, CLU

Mailing Address 200 Centennial Mall North

City State Zip Code  
 Lincoln NE 68508-1618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Assurity Security Group,  
INC

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 6

Transaction ID: 14045544

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Eugene Choate

Mailing Address 4370 Peachtree Road, NE

City State Zip Code  
 Atlanta GA 30319-3054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bankers Fidelity Life Ins-  
urance Compan

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 6

Transaction ID: 14045547

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Mr. Ross L. Sargent

Mailing Address 101 Constitution Ave, NW  
 Suite 700

City State Zip Code  
 Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.82

Date of Receipt

M M / D D / Y Y Y Y  
 / / /

Transaction ID: PR112048976173

Amount of Each Receipt this Period

83.34

P/R Deduction (\$41.67 Sem-  
i-Monthly)

SUBTOTAL of Receipts This Page (optional) .....

4083.34

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 20

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Donald L. Walker			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 101 Constitution Ave, NW Suite 700			<b>Transaction ID:</b> PR115642716173	
City Washington State DC Zip Code 20001-2133			Amount of Each Receipt this Period <div>100.00</div>	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer American Council of Life Insurers		Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>250.00</div>		
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 101 Constitution Avenue, NW Suite 700 West			<b>Transaction ID:</b> PR77135826173	
City Washington State DC Zip Code 20001-2133			Amount of Each Receipt this Period <div>260.00</div>	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer American Council of Life Insurers		Occupation Executive Vice Pres & General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>1040.00</div>		
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Linda H. Cunningham			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 101 Constitution Avenue, NW Suite 700 West			<b>Transaction ID:</b> PR77136246173	
City Washington State DC Zip Code 20001-2133			Amount of Each Receipt this Period <div>100.00</div>	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer American Council of Life Insurers		Occupation Managing Dir., Conference Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>400.00</div>		

P/R Deduction (\$50.00 Semi-Monthly)

P/R Deduction (\$130.00 Semi-Monthly)

P/R Deduction (\$50.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

**460.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Michael J. Bartholomew

Mailing Address 101 Constitution Avenue, NW  
Suite 700 WestCity State Zip Code  
Washington DC 20001-2133FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
InsurersOccupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77136286173

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. J. Bruce Ferguson

Mailing Address 101 Constitution Avenue, NW  
Suite 700 WestCity State Zip Code  
Washington DC 20001-2133FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
InsurersOccupation  
Senior Vice President, State Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.11

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77137326173

Amount of Each Receipt this Period

224.28

P/R Deduction (\$112.14 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. David M. Leifer

Mailing Address 101 Constitution Avenue, NW  
Suite 700 WestCity State Zip Code  
Washington DC 20001-2133FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
InsurersOccupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.33

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77137406173

Amount of Each Receipt this Period

94.58

P/R Deduction (\$51.46 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) .....

418.86

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. David R. Wentworth			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77137606173	
Mailing Address 101 Constitution Avenue, NW Suite 700 West			Amount of Each Receipt this Period 60.00	
City	State	Zip Code		
Washington	DC	20001-2133		
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer American Council of Life Insurers		Occupation Vice President, Research		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Semi-Monthly)	
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. John W. Mangan, CEBS			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77137716173	
Mailing Address 101 Constitution Ave, NW Suite 700			Amount of Each Receipt this Period 200.00	
City	State	Zip Code		
Washington	DC	20001-2133		
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer American Council of Life Insurers		Occupation Regional Vice President, State Relatio		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	P/R Deduction (\$100.00 Semi-Monthly)	
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Donald G. Preston Jr.			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77138646173	
Mailing Address 101 Constitution Avenue, NW Suite 700 West			Amount of Each Receipt this Period 144.80	
City	State	Zip Code		
Washington	DC	20001-2133		
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer American Council of Life Insurers		Occupation Managing Director, Reinsurance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 579.19	P/R Deduction (\$72.40 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) .....

404.80

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Kimberly Dorgan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77139516173	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 313.54	
City Washington	State DC	Zip Code 20001-2133	
FEC ID number of contributing federal political committee. C			
Name of Employer American Council of Life Insurers	Occupation Senior Vice President, Federal Relatio		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1254.16		
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Morris Goff		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77141936173	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 76.08	
City Washington	State DC	Zip Code 20001-2133	
FEC ID number of contributing federal political committee. C			
Name of Employer American Council of Life Insurers	Occupation Vice President, Taxes		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.33		
<b>C.</b> Full Name (Last, First, Middle Initial) Frank Keating		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77141976173	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 416.66	
City Washington	State DC	Zip Code 20001-2133	
FEC ID number of contributing federal political committee. C			
Name of Employer American Council of Life Insurers	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.64		

SUBTOTAL of Receipts This Page (optional) .....

806.28

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. Michael J. HunterMailing Address 101 Constitution Avenue, NW  
Suite 700 WestCity State Zip Code  
**Washington** **DC** **20001-2133**FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Council of Life  
InsurersOccupation  
Executive Vice President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77141986173

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Se-  
mi-Monthly)

Full Name (Last, First, Middle Initial)

**B.** Brenda NationMailing Address 101 Constitution Avenue, NW  
Suite 700 WestCity State Zip Code  
**Washington** **DC** **20001-2133**FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Council of Life  
InsurersOccupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77141996173

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Sem-  
i-Monthly)

Full Name (Last, First, Middle Initial)

**C.** Mr. Daniel J. MahoneyMailing Address 101 Constitution Avenue, NW  
Suite 700 WestCity State Zip Code  
**Washington** **DC** **20001-2133**FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Council of Life  
InsurersOccupation  
Vice President, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

446.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77142096173

Amount of Each Receipt this Period

111.50

P/R Deduction (\$55.75 Sem-  
i-Monthly)

SUBTOTAL of Receipts This Page (optional) .....

628.16

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Debra K. West			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142106173 Amount of Each Receipt this Period 100.00	
Mailing Address 101 Constitution Avenue, NW Suite 700 West				
City Washington State DC Zip Code 20001-2133				
FEC ID number of contributing federal political committee. C				
Name of Employer American Council of Life Insurers		Occupation Senior Counsel & Director, Southern Re		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. John P. Gerni			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142876173 Amount of Each Receipt this Period 100.00	
Mailing Address 101 Constitution Ave, NW Suite 700				
City Washington State DC Zip Code 20001-2133				
FEC ID number of contributing federal political committee. C				
Name of Employer American Council of Life Insurers		Occupation Senior Legislative Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Juan Carlos Scott			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142886173 Amount of Each Receipt this Period 112.50	
Mailing Address 101 Constitution Ave, NW Suite 700 West				
City Washington State DC Zip Code 20001-2133				
FEC ID number of contributing federal political committee. C				
Name of Employer American Council of Life Insurers		Occupation Vice President, Federal Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00		

**SUBTOTAL** of Receipts This Page (optional) .....

312.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) David C. Turner			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142896173	
Mailing Address 101 Constitution Ave, NW Suite 700			Amount of Each Receipt this Period 151.66	
City	State	Zip Code		
Washington	DC	20001-2133		
FEC ID number of contributing federal political committee. C				
Name of Employer American Council of Life Insurers		Occupation Sr. Vice President and Corp Sec.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 606.65		
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Susan Harvey			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77143526173	
Mailing Address 101 Constitution Ave, NW Suite 700 West			Amount of Each Receipt this Period 100.00	
City	State	Zip Code		
Washington	DC	20001-2133		
FEC ID number of contributing federal political committee. C				
Name of Employer American Council of Life Insurers		Occupation Director, Outreach		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Gregory F. Jenner			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77525896173	
Mailing Address 101 Constitution Avenue Nw Suite 700			Amount of Each Receipt this Period 390.00	
City	State	Zip Code		
Washington	DC	20080-0001		
FEC ID number of contributing federal political committee. C				
Name of Employer American Council of Life Insurers		Occupation Executive Vice President, Taxes		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1560.00		

**SUBTOTAL** of Receipts This Page (optional) .....

641.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Maurice Perkins

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Vice President, Financial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.35

Date of Receipt

M M / D D / Y Y Y Y

**Transaction ID:** PR80514916173

Amount of Each Receipt this Period

131.34

P/R Deduction (\$65.67 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

131.34

**TOTAL** This Period (last page this line number only) .....

10786.94

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 20

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Security Benefit Group Federal PAC

Mailing Address One Security Benefit Place

City State Zip Code  
 Topeka KS 66636

FEC ID number of contributing  
federal political committee.

**C** C00216358

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 5 / 2 0 0 6

Transaction ID: 13846622

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** MetLife, INC. Employee's Participation Fund A

Mailing Address One MetLife Plaza  
 2701 Queens Plaza North, Area 4D

City State Zip Code  
 Long Island City NY 11101

FEC ID number of contributing  
federal political committee.

**C** C00040923

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 5 / 2 0 0 6

Transaction ID: 13846625

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.** American Fidelity Corporation PAC

Mailing Address P.O. Box 25523

City State Zip Code  
 Oklahoma City OK 73125

FEC ID number of contributing  
federal political committee.

**C** C00210526

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 5 / 2 0 0 6

Transaction ID: 13846627

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 20

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Hartford Advocates Fund

Mailing Address Hartford Plaza

City State Zip Code  
Hartford CT 06115

FEC ID number of contributing  
federal political committee.

**C** C00168864

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 0 6

Transaction ID: 13846641

Amount of Each Receipt this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)

Phoenix Companies PAC

Mailing Address One American Row

City State Zip Code  
Hartford CT 06115

FEC ID number of contributing  
federal political committee.

**C** C00168203

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 6

Transaction ID: 13958233

Amount of Each Receipt this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)

Allstate Insurance PAC

Mailing Address 2775 Sanders Road  
Suite A4

City State Zip Code  
Northbrook IL 60062

FEC ID number of contributing  
federal political committee.

**C** C00040253

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 6

Transaction ID: 13958239

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 20

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Nationwide PAC

Mailing Address One Nationwide Plaza

City State Zip Code  
 Columbus OH 43215

FEC ID number of contributing  
federal political committee.

**C** C00076174

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 5 / 2 0 0 6

Transaction ID: 14045559

Amount of Each Receipt this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)

Pacific Life PAC

Mailing Address 700 Newport Center Drive

City State Zip Code  
 Newport Beach CA 92660

FEC ID number of contributing  
federal political committee.

**C** C00068528

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 6 / 2 0 0 6

Transaction ID: 14045560

Amount of Each Receipt this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)

Lincoln Insurance Group PAC

Mailing Address P.O. Box 82625

City State Zip Code  
 Lincoln NE 68501

FEC ID number of contributing  
federal political committee.

**C** C00390534

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 14344239

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

42500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Friends of John Boehner

Mailing Address 7908-I Cincinnati Dayton Road

City West Chester State OH Zip Code 45069

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
John Boehner

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 8

Transaction ID: 13966697

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Mike Dewine For US Senate

Mailing Address PO Box 340188

City Columbus State OH Zip Code 43234

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Sen. Mike DeWine

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 1

Transaction ID: 13966706

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Fitzpatrick For Congress

Mailing Address 115 N Broad Street

City Doylestown State PA Zip Code 18901

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Michael Fitzpatrick

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 8

Transaction ID: 13966707

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Friends of Jeb Hensarling**

Mailing Address PO Box 820504

City  
Dallas

State  
TX

Zip Code  
75382

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Jeb Hensarling

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 5

Transaction ID: 13966708

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Latourette For Congress Committee**

Mailing Address 1200 Trinity Drive

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Steven LaTourette

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 14

Transaction ID: 13966705

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Santorum 2006**

Mailing Address PO Box 10495

City  
Pittsburgh

State  
PA

Zip Code  
15234

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rick Santorum

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 2

Transaction ID: 13966709

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

10000.00